



**St. Christopher Catholic School After-School Care
Registration Form 2019-2020**



Family name: _____

Date: _____

Address: _____ Zip: _____

Name of Child: _____ Grade _____

Name of Child: _____ Grade _____

Name of Child: _____ Grade _____

Father: _____ Cell Phone: _____

Mother: _____ Cell Phone: _____

Parent(s) or Guardian(s) with whom the child resides: _____

Contact/Billing Email: _____

List any chronic health conditions (allergies, asthma, etc.) _____

In addition to parents, authorized pick-up persons (must present ID):

Name: _____ contact #: _____

Name: _____ contact #: _____

Name: _____ contact #: _____

Name: _____ contact #: _____

Name: _____ contact #: _____

AFTER-SCHOOL CARE FEE SCHEDULE

Yearly Registration Fee: \$30.00 per child

Rates for students: \$4.00 per hour, per child (all payments must be made in school office)

Students participating in After-school care have to follow rules and guidelines presented in the Parent/Student Handbook. Parents will be promptly notified in writing if changes are made to the handbook. We have read and agree to be governed by this handbook for after-school care. Please sign and return to Mrs. Estrada or Mrs. Scott.

Parent/Guardian Signature: _____ Date: _____